

United States Department of Agriculture

ADVISORY COMMITTEE MEMBERSHIP BACKGROUND INFORMATION

Form Approved O.M.B. Number 0505-0001

U.S. Department of Agriculture Rm 4117, South Building 1400 Independence Avenue, S.W. Washington, D.C. 20250-2000 202-720-4333

Public Laws 95-113 and 93-579 permit collection of the data requested on this form. The information is used to determine qualifications, suitability, and availability for service on advisory committees. The information will be used to conduct background clearances and/or for annual responses on advisory committees. Failure to submit this information may result in nonselection of a prospective advisory committee member or termination of the committee.

1.	Name (<i>Last, First, Middle</i>)		2.	Social Security Number
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3.	Residence Address (Include ZIP Code)		4.	Telephone Home:
				Office:
				FAX:
5.	Place of Birth		6.	Date of Birth
7.	Name of Employer			
0	Employer Address (Inglydo 7ID Code)		0	Vour Occupation/Title
8.	Employer Address (Include ZIP Code)		9.	Your Occupation/Title
10	List your business experience			
11.	List your education and any specialized expe	rience		
		Form AD-755 (8/31/92)		

12. If applicable, how long have you been engaged in farming (i.e. List acreage and pounds produced by kind of cro	or production, and what is the size of your farming operation? p, as well as kinds and numbers of livestock.)
13. List producer or farm organizations (<i>Include whether a me</i>	ember or officer and how long affiliated.)
14. List other affiliations and/or service as a community leader member of the advisory committee	
15. List any Federal advisory committee or board on which yo served on that committee or board.	ou are currently a member and the number of years you have
16. List sources of income - in excess of \$10,000 - for the pa List only sources; do not show amounts of income from	est calendar year from other than your primary employment. om each source.
17. Have you ever been convicted of a felony? (A felony is defined as any violation of law punishable explain.	e by imprisonment of longer than one year.) If so, please
18. As a result of your participation in Federal programs, have participation in any governmental programs relative to the nominee, have any civil or criminal actions been initiated a	e any judgments been rendered against you? As a result of purposes of the advisory committees for which you are a against you? If so, please explain.
Signature	Date